DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2014 FORM APPROVED OMB NO. 0938-0391

NAME OF PROVIDER OR SUPPLIER STREET ADDRESS, CITY, STATE, ZIP CODE 343 \$ NAPPAMEE ST ELKHRAT, IN 46814	STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1 ' '	(X2) MULTIPLE CONSTRUCTION A. BUILDING B. WING		(X3) DATE SURVEY COMPLETED		
STREET ADDRESS, CITY, STATE, ZIP CODE 34'S NAPPRAKE ST ELKHART, IN 468'14			155086	B. WING					
WOODLAND MANOR SUMMARY STATEMENT OF DEFICIENCIES CHARL DEFICIENCY MUST BE PRECEDED BY THILL TAGE DEFICIENCY MUST BE PRECEDED BY THE PRECEDED BY THE PREVIOUS BY THE PRECEDED BY THE PRECEDED BY THE PREVIOUS BY THE PRE	NAME OF D	POVIDED OD SLIDDI IED	100000	1 2				24/2014	
SUMMARY STATEMENT OF BEFICIENCIES DEVELOPMENT IN 46514	INAME OF T	NOVIDEN ON 3011 EIEN							
PREFIX TAG REGULATORY OR ISC IDENTIFYING INFORMATION) (F 000) INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the PSR completed on 6-13-14 to the Recertification and State Licensure Survey completed on 4-28-14. This included the PSR to the PSR completed on 4-28-14. This included the PSR to the PSR completed on 4-28-14. This included the PSR to the PSR completed on 4-28-14. Complaint #IN00145950 - Corrected Survey dates: July 22, 23, and 24, 2014 Facility number: 000034 Provider number: 155086 AlM number: 100274880 Survey Team: Debora Kammeyer, RN-TC Lora Swanson, RN Julie Wagoner, RN Census bed type: SNF/NF: 66 Total: 66 Census payor type: Medicare: 9 Medicare: 10 Modelland Manor was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16-2-3.1, in regard to the PSR to the Investigation of Complaint #IN00145950.	WOODLAND MANOR								
This visit was for a Post Survey Revisit (PSR) to the PSR completed on 6-13-14 to the Recertification and State Licensure Survey completed on 4-28-14. This included the PSR to the PSR completed on 6-13-14 to the Investigation of Complaint #IN00145950 completed on 4-28-14. Complaint #IN00145950 - Corrected Survey dates: July 22, 23, and 24, 2014 Facility number: 000034 Provider number: 155086 AIM number: 100274880 Survey Team: Debora Kammeyer, RN-TC Lora Swanson, RN Julie Wagoner, RN Census bed type: SNF/NF: 66 Total: 66 Census payor type: Medicare: 9 Medicare: 9 Medicare: 9 Medicare: 5 Total: 66 Woodland Manor was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the PSR to the PSR to the Recertification and State Licensure Survey and the PSR to the PSR to the Investigation of Complaint #IN00145950.	PRÉFIX	(EACH DEFICIENCY MUST BE PRECEDED BY FULL		PREFI	×	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE		COMPLETION	
the PSR completed on 6-13-14 to the Recertification and State Licensure Survey completed on 4-28-14. This included the PSR to the PSR completed on 6-13-14 to the Investigation of Complaint #IN00145950 completed on 4-28-14. Complaint #IN00145950 - Corrected Survey dates: July 22, 23, and 24, 2014 Facility number: 000034 Provider number: 155086 AIM number: 100274880 Survey Team: Debora Kammeyer, RN-TC Lora Swanson, RN Julie Wagoner, RN Census bed type: SNF/NF: 66 Total: 66 Census payor type: Medicare: 9 Medicare: 9 Medicare: 9 Medicare: 9 Medicare: 10 Moodland Manor was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the PSR to the PSR to the Recertification and State Licensure Survey and the PSR to the IPSR to th	{F 000}	INITIAL COMMENTS		{F 0	000}				
Complaint #IN00145950.		INITIAL COMMENTS This visit was for a Post Survey Revisit (PSR) to the PSR completed on 6-13-14 to the Recertification and State Licensure Survey completed on 4-28-14. This included the PSR to the PSR completed on 6-13-14 to the Investigation of Complaint #IN00145950 completed on 4-28-14. Complaint #IN00145950 - Corrected Survey dates: July 22, 23, and 24, 2014 Facility number: 000034 Provider number: 155086 AIM number: 100274880 Survey Team: Debora Kammeyer, RN-TC Lora Swanson, RN Julie Wagoner, RN Census bed type: SNF/NF: 66 Total: 66 Census payor type: Medicare: 9 Medicaid: 52 Other: 5 Total: 66 Woodland Manor was found to be in compliance with 42 CFR Part 483, Subpart B and 410 IAC 16.2-3.1, in regard to the PSR to the PSR to the Recertification and State Licensure Survey and the PSR to the Investigation of							
LANCONALCOUNCIDER ON DECOME FOR DEPORT DEPORT OF CONTRACTOR OF CONTRACTO		·						000 2475	

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 07/29/2014 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING			(X3) DATE SURVEY COMPLETED			
		155086	B. WING _			R-			
NAME OF D	ROVIDER OR SUPPLIER	133000	B: Willo	<u> </u>			07/24/2014		
NAME OF P	ROVIDER OR SUPPLIER			STREET ADDRESS, CITY, STATE, ZIP CODE					
WOODLA	ND MANOR			343 S NAPPANEE ST					
				ELKHART, IN 46514					
(X4) ID PREFIX TAG	(EACH DEFICIENC	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	((EACH CORRECTIVE ACTION	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)				
{F 000}	Continued From page 1 Quality Review completed on July 28, 2014, by		{F 0	00}					
	Brenda Meredith, R.N.								